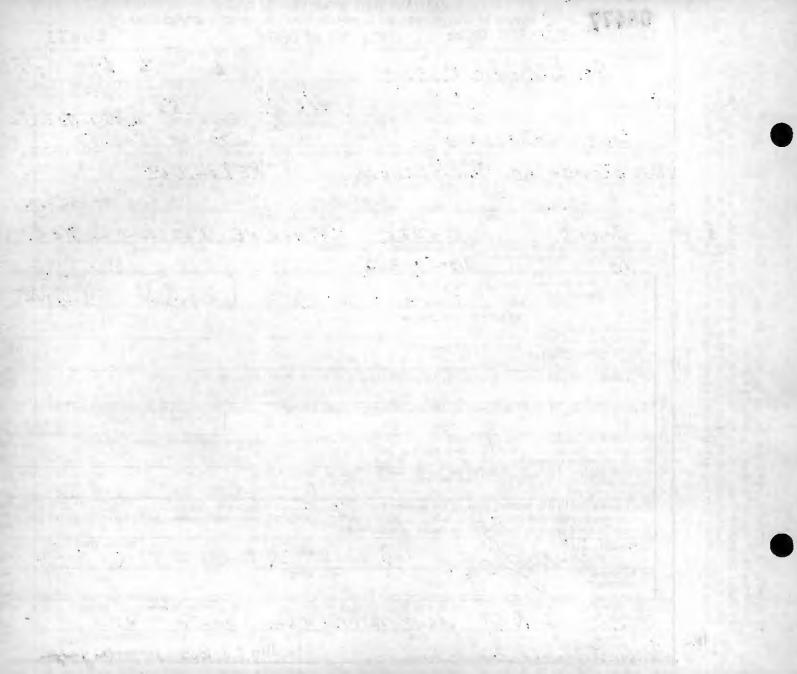


|     | ,  | 1             | פלעפת   |   |                      | EPARIMENT OF H   |  |   |
|-----|--|---------------|---|---|----------------------|--|--|---|
|     |  |               | Iteml3 FilmG41  | DIVISION OF VITAL RECORDS<br>3 6/25/69 kk                             |                      | TE OF DEATH  | MORE, MARTLAND 21201   | 08471   |
|     | r death.   |               | ECEASED-NAME First Lype or print) SR. L   | UDOVIC COTTE  | R                    | Lost   | 20. DATE OF DEATH Month / 6 Bo   | 04 69 Year 26. HOUR                                     |
|     | the fue  | 3. SI         | temale  | 4. RACE suhite  | \$.                  | DATE OF BIRTH 4/6/84   | 6. AGE (In years<br>lost hirthday)<br>YRS.                             | IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN. |
|     | d is by  | 7o.           | BIRTHPLACE (State or foreign CORK   | 76. CITIZEN OF WHAT COUNTRY?  IRELAND                                 | WIDOWED [            | DIVORCED _   | HOWARD CO  | CRIOTISVILLE UNTU Md.                                   |
|     | within 24 ban paper within 72  | 10. (<br>M    | ORRIOTS VILLE   | 11. NAME OF HOSPITAL OR III givestreet oddress BOX SEC                | ISTITUTION (If not i | n hospitol 120. USUA<br>during po  | L OCCUPATION (Kind of work done st. of working life, even if retired.) | 12th KIND OF BUSINESS OR<br>INDUSTRY                    |
|     | ste be executed within cigar-and completely forces remove corban produced and produ |               | USUAL RESIDENCE (Where deceorsion) STATE  D. C.   | sed lived/ if institution; Residence before<br>13B. COUNTY            | Washing              | The second secon | AITS?   13e. STREET AND NUMBER   | Street, N.W.  |
|     | De exe   | 14.           | JAMES   | Middle Lost   | P 15. N              | CATHERIN   | TE RUSSELL   | COTTER  |
| 6   | hysician<br>n pleas<br>val, and  |               | WAS DECEASED EVER IN U.S. ARI<br>es, no, or unknown) (Il yes give   | MED FORCES? wer or dates of service)  16b. SOCIAL SECURITY 219-54-    | NO. 17. INFO         | DRMANT   | Address  |   |
|     | O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or afterding physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician—and completely filled to by—the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove corban papers. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and trans event, within 72 has lifter death.  |               | PART 1. DEATH WAS CAUSE   | DUE TO, OR AS A CONSEQUENCE O   | S Va                 | senlar   | Jocalust   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 D/YYX   |
| 136 | w raquir<br>ding phy<br>leen sign<br>the buri  | NOI           |   | NDITIONS CONTRIBUTING TO DEATH BUT                                    |                      |  |  | CONCIDENTS IN CERTIFYING                                |
| A.  | 4: The law na attending or attending the has been use as the salth priar to  | CERTIFICATION |   | CONDITION FOR WHICH OPERATION WAS P                                   | EKPURMED             | 20a. AUTOPSY? YES NO   | 20b. IF YES, WERE FINDINGS<br>CAUSES OF DEATH?                         | CONSIDERED IN CERTIFYING                                |
|     | ICIAN:<br>pital ar<br>rrificate<br>ed for u  | MEDICAL CE    | 210. ACCIDENT WAS UNDERLYING CAUSE OF DEA<br>OR CONTRIBUTING CAUSE OF DEA<br>(If either, notify medical exami | TH HOUR A.M. Month Day Yeo iner) P.M.                                 | r<br>19              | INJURY OCCURRED (Enter   | noture of injury in Port 1 or Port 2,                                  | Item 18.)   |
|     | S PHYSICIAI the haspital this certifica detached foi   | W             | While Not while ot work   | , PLACE OF INJURY ( AT HOME, FARM, STREET, F<br>OFFICE BUILDING, ETC. |                      | 0  | City or Town   | County State  |
|     | OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attending DIRECTOR: After this certificate has been as should be detached for use as the ed with the State Dept. af Health priar the  |               | saw the deceased a  | nis hospitol) ottended the decea<br>alive on (did) (did not) view the | 19 and               | hat in (my) (aur) opis   | o.G., toG/3, 19<br>nian death accurred on the d                        | ote and hour and from the                               |
|     | TO HOSPITAL OR ATTENDING PHYSICIAN: The low not Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to  |               | 22d. PHYSICIAN'S<br>NAME (Type)   | Lague V   | DEGREE               |  | ED. STAFF 22c.   | DATE SIGNED   |
|     | Page 4   | 230.          | BURIAL, CREMATION, 23b. READVAL (Specify)   | DATE 23c. NAME OF NEW (   | CEMETERY OR CR       | PAL CEM-   | BALTO. M   | (County) (State)  |
|     | OM REV   | 24.           | EUNERAL DIRECTOR  | abores  | S                    | 250. REC'D BY  | registrar 25b. registrar 2 3 1969 pcc                                  | S SIGNATURE   |



| STATE   |               | 0847   | B DIAISION                              |  |  |                                 | ERTIFICATE                    |   |                    | 1                                      | 084      | 172                           |                |
|---|---------------|--|---|--|--|---------------------------------|-------------------------------|---|--------------------|--|----------|-------------------------------|----------------|
| H DEPT.   |               | CEASED-NAME<br>ype or Print)   | First                                   |  | Midd   | le                              | Lost                          |   | 20. DATE KN        |  | Day      | Yeor                          | 2b. HOUR       |
| ent of  | 11            | the at titul   | Bessie                                  |  | C.   |                                 | Gerlach                       | n   | OF E               | ATED 6                                 | -9       | 1869                          | 3 P.1          |
| Dourt ment o                                    | 3. SE         | x<br>male  | 4 RACE<br>White                         | S. DATE OF B                           |  | 6. AGE (In years lost birthday) | MONTHS OAYS                   | IF UNDER 24 HRS.<br>HOURS MIN   |                    | DONOUNCED DEAD                         | Year     | 19 69                         | 2d. HOUR 108 N |
| a de  | 7o. B         | IRTHPLACE (Stote   | or foreign                              | b. CITIZEN OF W                        |  |                                 | RRIED NEVER M                 | ARRIED 9. C   | OUNTY OF DEAT      |  |          | ,                             | M              |
| lond 2 with the State De after death.           | -             | ighland  | DEATH                                   |  | street address   |                                 | (If not in hospital<br>Low Rd |   | OCCUPATION (Ki     | nd of wark done<br>, even if retired.) | INDUSTRY | D OF BUSIN                    |                |
| lond 2 with after death.                        | 13a.          | USUAL RESIDENC<br>Imission) STATE  | E (Where deceas                         | ed lived, if instr<br>138. COUNTY      | tution: Residence<br>longtomer                             | before 13c. CITY                | or town                       | YES NO P  | Ind. Street        | Second                                 |          |                               |                |
| 1 ond after                                     | 14. F/        | ATHER'S NAME   | First                                   | Midd                                   | e  | Last                            | IS. MOTHER'S MA               | AIDEN NAME Fir  |                    | Middle                                 |          | Last                          |                |
|   |               |  | rles                                    | H.                                     |  | erlack                          |                               |   |                    |  | Ca       | steel                         | L              |
| 72 hours  |               | VAS DECEASED EVI<br>es. no, or unknow<br>12 O  | ER IN U.S. ARMED F                      | ORCES?<br>war or dates of service)     | 16b. SOCIAL SECU   | JRITY NO.                       | 7. INFORMANT<br>Brent Da      | niel  | 6522 Sec           | address<br>cond Ave                    | , 110    |                               |                |
| burial-transit permit. F<br>In ony event within |               | 18. CAUSE OF PART I. DI  44 1 2 Conditions, if or rise to immedistating the unilast. | IMMEDIA  ny, which gave late couse (a). | TE CAUSE (a) (b)                       | line for (o), (b), o<br>R AS A CONSEQUE<br>R AS A CONSEQUE | o polen<br>NCE OF               | dre C                         | adio va   | ala                | dseene                                 |          | PPROXIMATE IN<br>WEEN ONSET A |                |
|   |               | PART 2. OTHER S  | IGNIFICANT CONDI                        | TIONS CONTRIBU                         | TING TO DEATH BU   | JT NOT RELATED                  | TO THE TERMINAL               | DISEASE OR CONDI  | TION GIVEN IN PA   | ART 1(o)                               |          |                               |                |
| removol,  | CERTIFICATION | 19a, DATE OF OI  | PERATION                                |  | 196. CONDITION<br>WAS PERFO                                |                                 | ERATION                       |   |                    |  | 20.      | AUTOPSY?                      | NO D           |
| ion,  | DICAL         | CAUSE OF DEATH   | CONTRIBUTING [                          | HOUR A                                 | P.M.   | 19                              | Pic. HOW INJURY O             |   | ature of Injury in | Part I or Part 2,                      | tem 18.) |                               |                |
| cremonon,                                       | ME            | 21d. INJURY OCC<br>WHILE NO<br>AT WORK A   |   | PLACE OF INJURY<br>tary, office buildi | (At home, farm, s<br>ng, etc.)                             | freet,                          | ?)f. LOCATION Stree           | t or R.F.D. No.   | City or 1          | lown                                   | County   | f                             | State          |
| College to college                              | 23a.          |  | Tho ma                                  | Natural case  As C  DATE               | Herbo  | cident [], best ert, 1          | M.D. AS                       | Hamicide  IEF MEDICAL EXAM  SISTANT MEDICAL EXA  PUTY MEDICAL EXA  IDRESS(Street, city, | INER C             | mined manner                           | F        | -6                            | 9              |
| 00  | 24            | buria.   | 1 6/                                    | 12/69                                  | Fr   | ostburg                         | 7                             | 25a, REC'D BY I   | Frost              | 1256. REGISTRAR'S                      | CICNATUR | 144                           |                |
| N/S   |               |  | thom Sla                                | ck                                     | Ellicot  |                                 | . Md.                         | DATE 1  | 3 1959             | 1 Chan                                 |          |                               |                |

MAKTLAND STATE DEPAKTMENT OF MEALTH

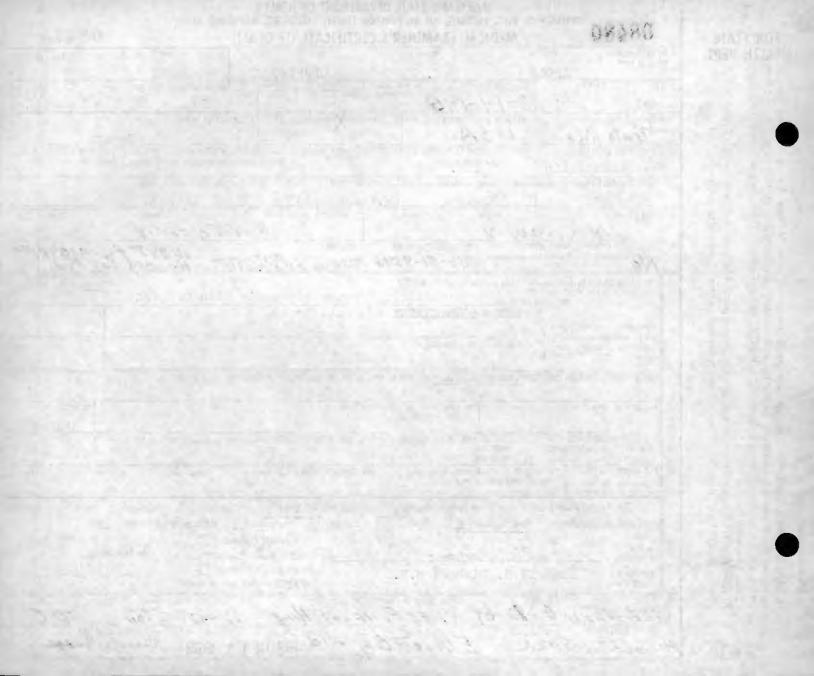


| 1 1  | 1             |  | STATE DEPARTMENT OF HEALTH  N W. PRESTON STREET, BALTIMORE, MARYLAND 21201                       |   |
|--|---------------|--|--|---|
| FOR STATE  |               |  | MINER'S CERTIFICATE OF DEATH   | 08473   |
| HEALTH DEPT.   |               |  | ddle Lost 20. DATE KNOWNE Month  |   |
| af age   | 1             | pe or Print) THEODORE L.   | HARRINGTON DEATH MATED   | 19 M  |
| al Vale  | 3. \$         | 4. RACE S. DATE OF BIRTH   | 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. | 2d. HOUR  |
| > 44 4   |               | ale White 3-12-1927  | June 2   | 2 Year 19 693:55%                               |
| Dep 3.2  | 7a.           | RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?                                      | 8. MARRIED HEVER MARRIED 9. COUNTY OF DEATH  |   |
| s p es   |               | N.H. USH   | WIDOWED DIVORCED Howard  | Md.   |
| with with  | 10. (         | Y OR TOWN OF DEATH 11. NAME OF HOSPIT give street oddress)                                   | TAL OR INSTRUCTION (1/ 705 in hospital during most of working life, even if retired.)            | 12b. KIND OF BUSINESS OR                        |
| L ≥( or # + \ . ∨ ∪ )  | 130           | Ellicott City Farm of Ho SUAL RESIDENCE (Where deceased lived, if institution: Residence     | ce before 13c. CITY OR TOWN 13d INSIDE CITY EIMITS? 13e. STREET AND NUMBER                       | 14060   |
| 0 00 0 3 00 0  |               | nission) STATE Md. Jab. COUNTY Arunde  | YES CO NO CO   | m1.1. T   |
| 14 hours and 18.  S Office all  s land 2 with  | 14. F         | HER'S NAME First Middle  | A N. A   | Tumble Inn<br>Trailor Fark                      |
| Zes sed  | 1             | EDWARD W. HARA   | RENGTON Phyllis Tucker   | Tailor Park                                     |
| hin 24<br>ncil in<br>niner's<br>pages<br>haurs   |               | AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SE   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | x174  |
| l within<br>n pencil<br>Examine<br>File pagi   |               | (If yes give war or dates at service) 001-2  | 2-9295 Richard E. HAWKINGTON MILLERSL  | ille md   |
| ecuted<br>ing" in<br>edical Es<br>ermit. F   |               | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: | ond (c).)  | APPROXIMATE INTERVAL<br>BETWEEN DISET AND DEATH |
| pe executed<br>pending" in<br>ef Medical B<br>nsit permit. I<br>event within   |               | IMMEDIATE CAUSE (6) Garbo  | on monoxide intoxication   |   |
| be exemple in the property of  |               | onditions, if ony, which gove )  | JENCE OF   |   |
| Id b<br>Id b<br>Chii<br>Trar   |               | ise to immediate couse (o). (b)  | LIFNCE OF  |   |
| shauld be e<br>shauld be e<br>a the Chief ;<br>burial-transit  |               | storing the underlying couse DUE TO, OR AS A CONSEQUENCE.                                    | Direct Of  |   |
| 00=-   |               | ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH                                    | BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)                          |   |
| Ting right as a seed right.  | ×             |  |  |   |
| is certific<br>forward<br>forward<br>e used a<br>remayal.  | CERTIFICATION |  | ON FOR WHICH OPERATION REFORMED?   | 20. AUTOPSY?                                    |
| また。 きこへ  | RTIFE         |  |  | YES NO XX                                       |
| 第 n 音 .  | 100           | To, EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING HOUR A.M.                                    |  | Item 18.)                                       |
| INER<br>e cel<br>shau<br>files.<br>3 sha<br>atial  | MEDICAL       | CAUSE OF DEATH ? P.M. 6 ' Id. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form,           | ? 19 69 Subject found sitting in his street, 21f. LOCATION Street or R.F.D. No. (try or lown     |   |
|  |               | WHILE NOT WHILE foctory, office building, etc.)  |  | Howard Md.                                      |
| bical Examilease execute the director. Page 4 etained for your DIRECTOR: Page or to burial, cremit to burial, cremit to burial, cremits of the burial of the |               | 220. I certify that I took charge of the remains of  | described above, held an Autapsy , Inspection XX Inquiry   |   |
| cal Executar. Page of far Cror. Page burial,   |               |  | Accident , Suicide XX, Homicide , Undetermined monner  |   |
| R Fee  |               | 1000.01  | CHIEF MEDICAL EXAMINER   |   |
| D  |               | ACTUAL SIGNATURE   | M.D. ASSISTANT MEDICAL EXAMINER XX 22b. DATE   | E SIGNED  |
|  |               | EXAMINER'S   | ,1   | 23, 1969  |
| O DEPUTY necessary, the funero 5 may be O FUNERA Health pr   |               | NAME (Type) Werner U. Spitz.   |  |   |
| <b>5</b>   | 230.          | REMOVAL (Specify)  | NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)                                       | (County) (State)                                |
| 35 - 110   | 24            | CEMATION 10-25-61 A  | ADDRESS 250. REGO BY REGISTRAR 25b. REGOTRAR'S   | SIGNATURE                                       |
| VR A15ME (5)   |               | 1 girbothan a Slack  | 2 1/1 cc HC. To WUN 27 1969 Volicent   | . 20  |
| 10M REV. 1/68  | _/            |  | CITICAL COOL SE LOCAL SE   |   |

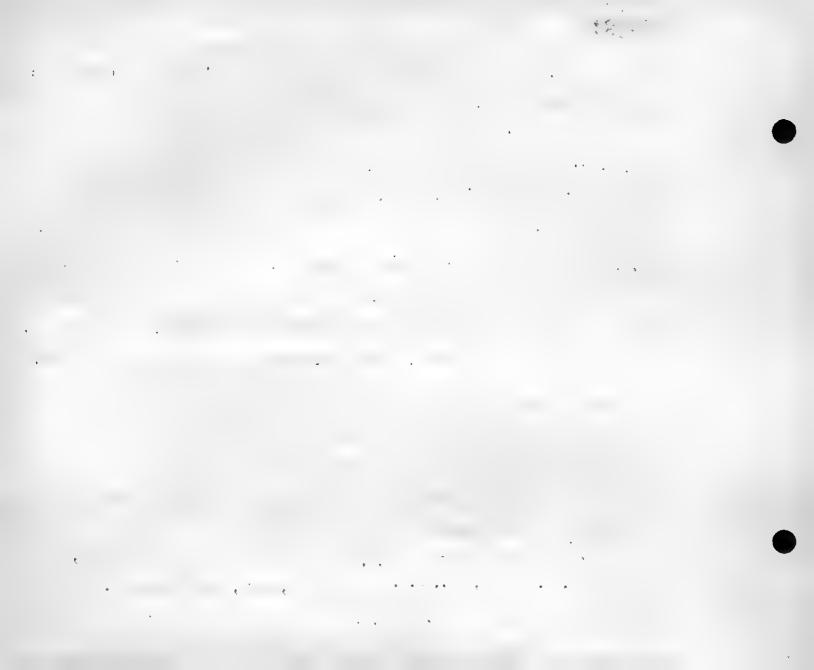


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08474 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2g. DATE KNOWN Year 2b. HOUR (Type or Print) delay ind 3 to Page ESTIdi o HAROLD E. DEATH MATERIXX LIPPINCOTT Deportment A AGE (In years 3 SEX 4 RACE S DATE OF BIRTH 2c DATE PRONOLINCED DEAD PM3. P Year 56 YRS male 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH MARRIED TINEVER MARRIED form WIDOWED Give Pages Howard the State alang with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 32 during most of working life, even if retired ) INDUSTRY West Friendship 13d. INSIDE CITY LIMITS? death. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER l and 2 with 13b. COUNTY Howard W.Friendship YES NO X Rte. 32 Office tem offer 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME UNKNOWN E the Chief Medical Examiner's pages haurs 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes no ar unknown) 216-81-95-16 MARION LI .⊑ within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY Mesenteric Venous Thrombosis with Gangrene IMMEDIATE CAUSE (a)\_ burial-transit Conditions, if any, which gave rise to immediate cause (a). pinous writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse 5 be farwarded to pup certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o SO removal CERTIFICATION nsed 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe YES X NO [ 50 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Dov. Year shauld 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, affice building, etc.) WHILE NOT WHILE AT WORK FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔽 Inspection Inquiry and in my opinian director. death resulted fram: Natural causes K Accident Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL FXAMINER the funeral SIGNATURE 6/10/69 DEPUTY MEDICAL EXAMINER Russell S. Fisher, M.D. **EXAMINER'S** 5 may FO FUNE Health ADDRESS(Street, city, tawn, ar county) NAME (Type) 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



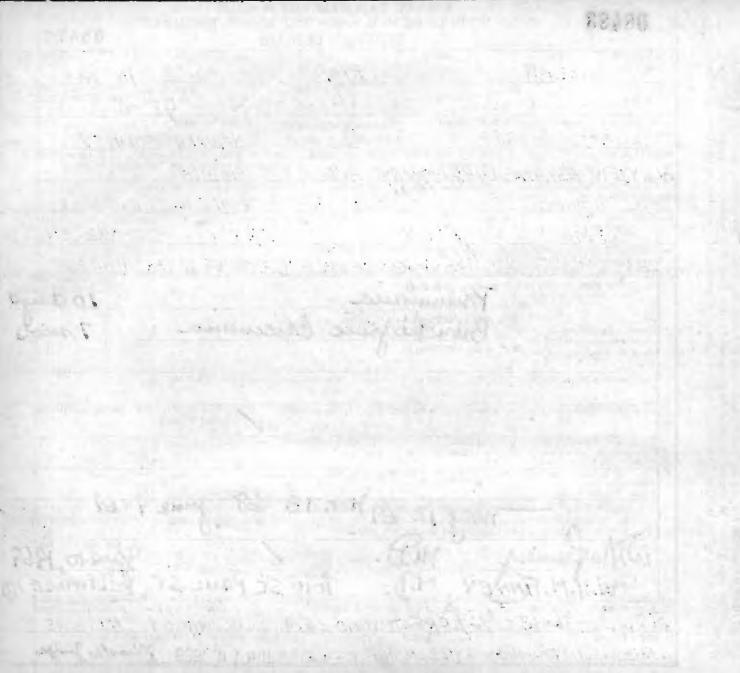
|  |               | MARYLAND STATE DEPARTMENT OF HEA   |  |   |
|--|---------------|--|--|---|
| 1  |               | DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM   | ORE, MARYLAND 21201  |   |
|  |               | CERTIFICATE OF DEATH   |  | 08475                                   |
| 4 _ 2 4  |               |  | 20. DATE OF DEATH  | 2b. HOUR_                               |
| era<br>ond<br>deal   | - (1          | ype or print) William Jerome Mc Donald   | JUNE Month 5 Day   | 1968 9 6:40 PM                          |
| fun fun  | 3 5           |  | 6 AGE (In years last birthday)                                   | IF UNDER 1 YEAR   IF UNDER 24 HRS.      |
| durs after death   |               | White Make White Nov. 22 188   | 89 last birthday) YRS.   | MONTHS DAYS HOURS MIN.                  |
| haurs after death<br>in by the funeral<br>irs ergges 1 and 2   |               | itty) ( )  | COUNTY OF DEATH  |   |
| Ped of   | 10            | 11)d. U.S.A WIDOWED DIVORCED   | HOW)ARD  | Md.                                     |
| ecuted within 24 completely filled ave carbon papp y event, within 7   |               |  | OCCUPATION (Kind of work done of working life, even if retired ) | 12b KIND OF BUSINESS OR<br>INDUSTRY     |
| se executed withing and campletely for remaye carbon in any event, with  | 13o           | USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIM TS STATE 13d. 13b. COUNTY HOLL TRRI | 136 STREET AND NUMBER  | 6                                       |
| xect<br>nav  | 14            | ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First   | 71,00  | Lost                                    |
| he be ex<br>gr and<br>ase rem<br>nd in an  |               | Charles - McDonald NAO   | MI   | L Usworthy                              |
| aquires that the death certificate be physician. signed by the attending physic or burial-transit permit. Then please burial, crematian, or removal, and the places and the permit of the places of th   |               | WAS DECEASED EVER IN U.S. ARMED FORCES? BS. NO. 97 DINKHOWN) (If yets grow wor an dates of service)  216 32 5677 MES (4) 4x W                    | Address Suck   | cerillo Kil                             |
| 2 a g  | F             | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )  | · Donnia Gyl   | APPROXIMATE INTERVAL                    |
| the distribution of the second   |               | PART I, DEATH WAS CAUSED BY CARDEON  |  | few minutes                             |
| ne deatl<br>attend<br>permit.<br>ian, or r   |               | i illiniabella ordia (d)   |  | 1011 1111111111111111111111111111111111 |
| the a  | 1             | Canditions, if ony, which gave (b) PROGRESSIVE LABIOGLOSSOPHARYNGE   | AT DADATVOTO   | several month                           |
| nat<br>y th<br>inside  | l             | rise to immediate cause (a). (b) PROGRESSIVE DRIPTOGRESSOFTERITITION   | AL PARALISIS   | Beaglat mould                           |
| d b<br>d b   | ı             | lost (c) AMY TROPHIC LATERAL SCLEROSIS   |  | 2-3 yrs.+                               |
| equires that the death of physician. signed by the attending burial-transit permit. The burial, cremation, or rem  |               | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON  | DITION GIVEN IN PART 1(a)  |   |
| o b b b b b  |               | y-Alexandra  |  |   |
| Sp gatin   | 100           | 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?   | 20b IF YES, WERE FINDINGS CO                                     | INSIDERED IN CERTIFYING                 |
| 4: The law re ar aftending the has been ruse as the solth priar to   | CERTIFICATION | YES NO 🔀   | CAUSES OF DEATH?   |   |
| N a start  |               | 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 2216 HOW INJURY OCCURRED (Finter po  | oture of injury in Port 1 or Port 2, 1                           | tem 18.)                                |
| CIA<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signal<br>Signa | MEDICAL       | OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, not/fy medical examiner) P.M. 19   |  |   |
| TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic an and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then before remave carbon papers regges 1 and 2 should be filled with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs offer death   | WE            | 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while                   | City or Town   | County Stote                            |
| Ne the grade after a feet a fe   | ı             | at work or wark 1   22a   certify that (i) (this haspital) attended the deceased from 1935 , 19  | , ta 5 June , 196  | 9 that (I) (3@Clast                     |
| Aft<br>Aft<br>e St   | 1             | saw the deceased alive and June 1969, and that in (my) say opinion   | an death accurred an the dat                                     | re and hour and from the                |
| Se li e li   |               | causes stated a rave, (1) <u>\$100</u> (did) ( <del>sistant)</del> view the bady after death.  |  |   |
| R ATTENI<br>retained<br>reCTOR: A<br>3 should<br>with the  |               | 22b. SIGNATURE ATTENDING MED.  | STAFF C  | DATE SIGNED                             |
| Pe ed ed ed  |               |  | CTOR PHYS. 5   | June, 1969                              |
| O HOSPITAL Page 4 may O FUNERAL I director, pag should be fif  |               | 22d PHYSICIAN S NAME (Type) Wm. H. Lawson, Jr., M.D. 22e ADDRESS Box 54.RD #2  | . Sykesville, M  | 1. 21784                                |
| 10S  | 230           | RURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 12   | 23d. LOCATION (City or Town)                                     | (Caunty) (State)                        |
| 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  | ,             | PEMOVAL (Specify) 6-9-69 LAKE V. ein   | -Sykesuille,   | Mid.                                    |
|  | 24            | FUNERAL DIRECTOR   250 REC'D BY R  |  | SIGNATURE                               |
| VR A15 (4)   |               | Hairy U. Halgher xykisvelle Mcl. DATUN 1   | 0 1969 /Clian  | la Judas                                |



| 1 1  |               | MAKYLAND STATE DEPARTMENT OF HEALTH  DEPARTMENT OF HEALTH  DEPARTMENT OF HEALTH  |   |
|--|---------------|--|---|
| FOR STATE  |               | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 08476   |
| HEALTH DEPT.   | 1, D          | Type or Print) Rudolph Middle PRIMUS 20 DATE KNOWN March OF ESTI- DEATH MATED 6  | 0ay Yeor 26 HOUR 13 1969 M                    |
| 2, and 3 ta<br>PM3. Page   | 3 5           | 14 RACE S DATE OF BIRTH 6 AGE IN YOUR 1 YEAR IF JNOER 24 HRS 2C. DATE PRONOUNCED DEAD MONTHS DATS HOURS MIN MONTH 1 DAY  | Year 1964 245 M                               |
| es 1, 2, form P  |               | BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED CO   | unty Md.                                      |
| after death ny ny 8. G ve Pages 1, 2, along with farm P with the State Depa  | 10 0          | TITY OR TOWN OF DEATH III. NAME OF HOSPITAL OR INSTITUTION (If not in baspital   12a USUAL OCCUPATION (Kind of work done   | 126 K ND OF BUSINESS OR ND STRY AK Loom Cloth |
| after de 18. G ve alang w with the death.  | 130           | USUAL RES DENCE (Where deceased .ved, finstitution Residence before 13c. CITY OR TOWN dmiss an) STATE Md. 13b COUNTY Balto. 13b COUNTY 13b TOWN PES D NO 1511 Northgate  | S   |
| 24 hours after a Lem 18. Grice alan See Jard 2 with rs after death   |               | Anton Primus  Anton Primus  Middle Lost 1s. MOTHER'S MAIDEN NAME First Middle  Marie Kliment   | Lost  |
| with n 24 pencil n xaminer's mile pàges 72 haurs   | 16a.          | WAS DECEASED EVER IN U.S. ARMED FORCES?  (if yes give wor or doles of serves)  2/8-03-8025  Manie Primus, wife, above  |   |
| executed with n<br>anding" in pencil<br>Medical Examiré<br>t permit File pàg<br>int within 72 hou  |               | 18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CORNORY Ortery OCC/45101  | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |
| ould be<br>vard "po<br>ne Chief<br>al-transi<br>any eve  |               | Conditions, if any, which gave inse to immediate cause (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF  (b) ATTENIO Extendity Can did very fan disease.  (c)   | loyes   |
| its certificate should the ward to the Clarkarded to the Clarkarded to the Clarkarded as a burial-transval and in any  | _             | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |   |
| This certitions, writh be farward do be used ar remava   | CERTIFICATION | 19d DATE OF OPERATION  19b. COND TION FOR WHICH OPERATION  WAS PERFORMED?  | 20 AUTOPSY?  YES NO                           |
| VER: The certifical nould be should be should be tion, ar  | MEDICAL CER   | 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH  21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, the  | em 18)  |
| EXAMINER: ute the certi age 4 should year files. Page 3 shou   | MEC           | 21d INJURY OCCURRED  21e PLACE OF INJURY (At hame, farm, street, while at work | County State                                  |
| UTY DICAL E.  UTY DICAL E.  UTY DICAL E.  UNIV. please executed director. Page be retained for a per retained for | i             | 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes' Accident , Suicide , Homicide , Undetermined monner actual signature   |   |
| TO DEPI<br>necessor<br>the fun<br>5 may<br>TO FUNE   | В             | urial 6/17/69 Bohemian National Cemetery Balto, Md.  | (Caunty) (State)                              |
| VR A15ME (5)1<br>10M REV 1768  | -             | chimunek Funeral Home 3731 Porhance 341/2 Me DATE  | S GNATURE                                     |



MARYLAND STATE DEPARTMENT OF HEALTH 08483 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08477 CERTIFICATE OF DEATH Middle Lost 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First deoth. (Type or print) 4. RACE DATE OF BIRTH IE UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years after MONTHS DAYS requires that the deoth certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) ve corbon papers. WIDOWED [ DIVORCED [ filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY completely 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY and in ony eve YES 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle physician and 16g. WAS DECEASED EYER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address (es pa-orunknown) burial, cremation, ar removol, LEDIYA attending p 1B. CAUSE OF DEATH (Enter only one cause per limit for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSE AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF sure Caremana the Canditians, if any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial-t last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to hos been ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES [ FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year detached for the Dept. of I P.M. If either, natify medical examiner) be detached State Dept. o 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this begit of attended the deceased for 1185. , 1950, to 1952, that (I) (we) lost saw the deceased alive on 1185. , and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (didn t) view the body ofter death ATTENDING **● DEGREE** PHYS. 22e. ADDRESS PHYSICIAN" NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) 2 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DMONDSON AVE DATE IIIN 1



|   |   | MEDICAL EXA  | AMINER'S C                            | N STREET, BALTIMO<br>ERTIFICATE OF     | DEATH                        |  |                  | 8478   |
|---|---|--|---------------------------------------|--|------------------------------|--|------------------|--|
| 1. DECEASED-NAME<br>(Type ar Print)       | First<br>CHARLES                                    |  | Middle<br>L.                          | STOVER                                 |                              | OF ESTI-<br>DEATH MATED                    | F 9 F            | 19 69 M  |
| 3. SEX Male                               | White 0   | TATE OF BIRTH  | 6. AGE (In years last birthday) 36 YR | MONTHS DAYS HO                         | URS MIN.                     | 2c. DATE PRONOUNC<br>Month<br>June         | Day 15.          | Year 19 69 2d. HOUR 5:30 M                       |
| 7o. BIRTHPLACE (Sto                       | 0   | ZEN OF WHAT COUNTRY  | WII                                   | ARRIED EVER MARRIED DOWED DIVORCED     |                              | ITY OF DEATH HOWAE                         |                  | Md   |
| 10. CITY OR TOWN C                        | psonville   | give street oddress  | Rte.                                  | #29                                    | furing most of               | UPATION (Kind of v<br>working life, even i |                  | b. KIND OF BUSINESS OR<br>DUSTRY                 |
| 13a. USUAL RESIDER<br>admission) STAT     | Md . 13b.   | d, if institution: Reside                                  | nce before 13c. CIT                   | Y OR TOWN 13d. INSID<br>licott Citys   |                              | 13e. STREET AND NU<br>3=Me11               | MBER<br>Len Cour | ct   |
| 14. FATHER'S NAME                         | First<br>MIER                                       | Middle 5 tol   | last<br>IEIR                          | 15. MOTHER'S MAIDEN N                  | IAME First                   |  | Middle           | Lost   |
| léo. WAS DECEASED E<br>(Yes, no, or unkno | VER IN U.S. ARMED FORCESS                           |  | SECURITY NO.                          | 17. INFORMANT 3/                       | 15 GL                        | STOVE                                      | TUSCE 1          |  |
|   | DEATH (Enter only one<br>DEATH WAS CAUSED BY:       | cause per line for (a), (                                  |                                       | 11                                     |                              |  |                  | APPROXIMATE INTERVAL<br>BETWEEN CONSET AND DEATH |
| 815                                       | 2.4   | SE (a)   |                                       | blunt inju                             | ries                         |  |                  |  |
| rise to imme                              | any, which gave diate cause (a), anderlying cause ( | (b)OUE TO, OR AS A CONSE                                   | QUENCE OF                             |  |                              |  |                  |  |
| PART 2. OTHER                             | SIGNIFICANT CONDITIONS                              | (c)CONTRIBUTING TO DEAT                                    | H BUT NOT RELATED                     | TO THE TERMINAL DISEASE                | E OR CONDITION               | GIVEN IN PART I/o                          | )                |  |
|   |   |  | fion for which of                     |  |                              |  |                  | 20. AUTOPSY?                                     |
| MIFICA                                    |   | WAS P  | ERFORMED?                             |  | F= 45                        |  |                  | YES NO   |
|   | OR CONTRIBUTING .                                   | 1b. TIME OF INJURY Month HOUR A.M. 150 2220 6-1            |                                       | 21c HOW INJURY OCCURR<br>Driver cross  |                              |  |                  | ck stationar                                     |
| 21d. INJURY OF                            | The state of the state of                           | F INJURY (At hame, far<br>ffice building, etc.)<br>highway |                                       | 21f. LOCATION Street or R.F. Route #29 | D. No.                       | City or Town impsonvil                     | (                | County State                                     |
|   | certify that I took ch                              | arge of the remain   |                                       | ve, held an Autapsy                    |                              | pection, I                                 | nquiry [],       | ond in my opinion                                |
| death r                                   | esulted fram: Not                                   | nual conses  | Accident x,                           | 2                                      | micide [],<br>DICAL EXAMINEI | Undetermined                               | manner           | ]  |
| ACTUAL<br>SIGNATURE                       | Clar.   | 1,0  | - sa                                  | M.D. ASSISTAN                          | T MEDICAL EXAM               | ATNER X                                    | 22b. DATE SIG    |  |
| EXAMINER'S<br>NAME (Type)                 | Charles   | S. Springa   | tte, M.D.                             |  | Street, city, tow            | -  | June_1           | 15, 1969   |
| 23o. BURIAL, CREMA<br>BEMOVAL (Spe        |   | Ke // 230  | NAME OF CEMETER                       | Y OR CREMATORY                         | 23d.                         | LOCATION (City or T                        | own) (Co         | ounty) (State)                                   |
| No.                                       | 11 1011   | 7/67   | -/// // // //                         |  | 1 / 4                        | C 7 7 7 11 11 11 11 11 11 11 11 11 11 11   | Charle Con       | 18417 11-171                                     |

ENERGY WELL THE PROPERTY OF THE PROPERTY AS A SECOND LEAST TO STATE OF LINE TO BE 177) 0 (01.15 - 17.17) 5.7 (12.17) 3.7 A STATE OF THE STA The three and the property of the property of errore de la companya A competition of the And the second and the state of t LAND BY SHEET THE WAY THE PARTY OF THE PARTY